

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
LUBBOCK DIVISION**

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STATE OF TEXAS

*Plaintiff,*

vs.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
and

JACQUELINE A. BERRIEN, in her official capacity  
as Chair of the Equal Opportunity  
Commission,

*Defendants.*

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Case No. 5:13-cv-00255-C

**AFFIDAVIT OF MAILING**

I, Arthur C. D'Andrea, hereby state that:

On the 4<sup>th</sup> day of November, 2013, I caused to be deposited in the United States Mail a copy of the summons and complaint in the above captioned case, postage prepaid, return receipt requested, restricted delivery, addressed to the following defendant:

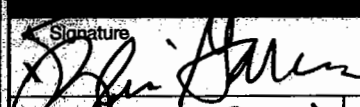
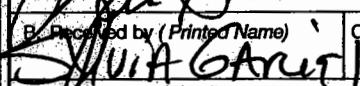
Civil Process Clerk  
United States Attorney's Office  
1205 Texas Avenue, Suite 700,  
Lubbock, TX 79401-4002

I have received the receipt for the certified mail, No. 7009 2250 0003 9938 0667 (attached hereto), indicating that delivery of the summons and complaint was made upon said defendant on the 12<sup>th</sup> day of November.

I declare under penalty of perjury that the foregoing is true and correct.

December 13, 2013  
(Date)

/s/ Arthur C. D'Andrea  
(Signature)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 11-10-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>CIVIL PROCESS CLERK OFC OF THE US ATTY – N DIST OF TX 700 US FEDERAL BLDG 1205 TEXAS AVENUE LUBBOCK TX 79401</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 2250 0003 9938 0667</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			